

# HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	0838.1001-009
	First Named Inventor or Application Identifier	Laurie J. Ozelius
	Express Mail Label No.	EL564266194US

Title of Invention	Torsin, Torsin-Related Genes and Methods of Detecting Neuronal Disease
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<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: <b>Assistant Commissioner for Patents</b> <b>Box Patent Application</b> <b>Washington, D.C. 20231</b>
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<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification <b>Total pages 141</b>  <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Summary of the Invention</li> <li>- Brief Description of the Drawings</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <b>Total Sheets 25</b></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Formal    <input type="checkbox"/> Informal</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Fig. of the Drawings for Publication    <input type="checkbox"/> [ 1 ]</p> <p>4. <input type="checkbox"/> Oath or Declaration/POA <b>[Total Pages [ ] ]</b></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. 1.63(d))  <i>(for continuation/divisional with Box 17 completed)</i>  <b>[NOTE Box 5 below]</b></p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u>          Signed statement attached deleting          inventor(s) named in the prior          application, see 37 C.F.R. 1.63(d)(2)          and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i>          The entire disclosure of the prior application, from which a          copy of the oath or declaration is supplied under Box 4b, is          considered as being part of the disclosure of the accompanying          application and is hereby incorporated by reference therein</p> </div> <div style="width: 48%;"> <p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission  <i>(if applicable, all necessary)</i></p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)  <b>36 Pages</b></p> <p style="margin-left: 20px;">c. <input checked="" type="checkbox"/> Statement verifying identity of above copies</p> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">ACCOMPANYING APPLICATION PARTS</th> </tr> <tr> <td style="width: 50%;">           8. <input type="checkbox"/> Assignment Papers (cover sheet &amp; documents)  <input checked="" type="checkbox"/> Assignee -  <b>The General Hospital Corporation</b>  <b>Boston, Massachusetts</b> </td> <td style="width: 50%;">           9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney  <i>(when there is an assignee)</i> </td> </tr> <tr> <td>10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> <td>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>12. <input type="checkbox"/> Preliminary Amendment</td> <td>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <i>(Should be specifically itemized)</i></td> </tr> <tr> <td>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired</td> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s)  <i>(if foreign priority is claimed)</i></td> </tr> <tr> <td colspan="2">16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i></td> </tr> <tr> <td colspan="2">17. <input type="checkbox"/> Other: _____</td> </tr> </table>	ACCOMPANYING APPLICATION PARTS		8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) <input checked="" type="checkbox"/> Assignee - <b>The General Hospital Corporation</b> <b>Boston, Massachusetts</b>	9. <input type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	12. <input type="checkbox"/> Preliminary Amendment	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, status still proper and desired	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request <i>(check parent application)</i>		17. <input type="checkbox"/> Other: _____	
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17. <input type="checkbox"/> Other: _____															

18. <b>If a CONTINUING APPLICATION</b> , check appropriate box and supply the requisite information:			
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input checked="" type="checkbox"/> Continuation-in-part (CIP)	of prior application No.: 09/461,921
Prior application information: Examiner: Einsmann, J		Group Art Unit: 1655	

19. CORRESPONDENCE ADDRESS					
NAME	Doreen M. Hogle, Esq.				
	HAMILTON, BROOK, SMITH & REYNOLDS, P.C.				
ADDRESS	Two Militia Drive				
CITY	Lexington	STATE	MA	ZIP CODE	02421-4799
COUNTRY	USA	TELEPHONE	(781) 861-6240	FAX	(781) 861-9540

Signature		Date	January 26, 2001
Submitted by Typed or Printed Name	Doreen M. Hogle, Esq.	Reg. Number	36,361

<p>Date: <u>January 26, 2001</u></p> <p>EXPRESS MAIL LABEL NO. <u>EL564266194US</u></p>
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Laurie J. Ozelius and Xandra O. Breakefield

Title: Torsin, Torsin-Related Genes and Methods of Detecting Neuronal Disease

TRANSMITTAL OF SEQUENCE LISTING IN COMPUTER READABLE FORM  
IN COMPLIANCE WITH 37 C.F.R. §§1.821(e) AND (f)

Box Sequence  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is a copy of the "Sequence Listing" in computer readable form as required by 37 C.F.R. §1.821(e). As required by 37 C.F.R. §1.821(f), Applicant's Attorney hereby states that the content of the "Sequence Listing" in paper form and of the computer readable form of the "Sequence Listing" are the same.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Doreen M. Hogle  
Doreen M. Hogle, Esq.  
Registration No. 36,361  
Telephone (781) 861-6240  
Facsimile (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: January 26, 2001